

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10010

State File No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2471**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mississippi and Hickory St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community about 25 years  
years, months or days)

3. (a) PRINT FULL NAME Ed Britton

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lorine Britton 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased Feb. 10, 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 1 0 hr. min.

9. Birthplace Jackson, Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation porter

11. Industry or business Int. shoe Co.

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lorine Britton

(b) Address 4221 A. Evans

17. (a) Burial (b) Date thereof Mar. 13, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2620-31 Cole Street

19. (a) Mar 13 1948 (b) J. F. Bruck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4321 A. Evans  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10  
year 48 hour 10 minute a M.

21. I hereby certify that I attended the deceased from Jan. 1947 to March 1948  
that I last saw him alive on 3-9- 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to Coronary disease

Due to Hypertensive heart disease and chronic nephritis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Oral S. McClellan (M. D. or other) \_\_\_\_\_  
Address 42003 Easton Ave. Date signed 5-11-48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *4575 Aldine*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**